Express Mail No.: EV291754471US **Date Deposited:**

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

(37 CFR 1.16(b))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

OR

OR

OR

280

ADDIT, FEE

TOTAL

0

0

140

ADDIT. FEE

TOTAL

0

0

Box Non-Fee Amendment Commissioner For Patents Washington, DC 20231

SEND TO:

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.